(Marian L. Christopher)

PTO/SB/05 (08-03)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

	Allom	1ey Docket IVO. 38 1092000624							
UTILITY	First In	nventor Terrance P. SNUTCH							
PATENT APPLICATION	CALCIUM CHANNEL INHIBITORS COMPRISING								
TRANSMITTAL	Title	BENZHYDRIL SPACED FROM PIPERAZINE							
(Only for new nonprovisional applications under 37 CFR 1.53(b))									
	Expres	ss Mail Label No. EV 273019595 US							
		MS Patent Application							
APPLICATION ELEMENTS		ADDRESS TO: Commissioner for Patents							
See MPEP chapter 600 concerning utility patent application con	ntents.	P.O. Box 1450 Alexandria, VA 22313-1450							
1 Fee Transmittal Form (e.g., PTO/SB/17)									
(Submit an original, and a duplicate for fee processing)		Computer Program (Appendix)							
2. X Applicant claims small entity status. See 37 CFR 1.27.		Nucleotide and/or Amino Acid Sequence Submission     (if applicable, all necessary)							
3. X Specification [Total Pages 51	7,	a. Computer Readable Form (CRF)							
(preferred arrangement set forth below)	<u>'</u> ''',	` '							
Descriptive title of the invention     Cross Reference to Related Applications		b. Specification Sequence Listing on:							
<ul> <li>Statement Regarding Fed sponsored R &amp; D</li> </ul>		i. CD-ROM or CD-R (2 copies); or ii. Paper							
<ul> <li>Reference to sequence listing, a table, or a computer program listing appendix</li> </ul>		c. Statements verifying identity of above copies							
Background of the Invention     Brief Summary of the Invention		ACCOMPANYING APPLICATION PARTS							
Brief Description of the Drawings (if filed)     Detailed Description	Assignment Papers (cover sheet & document(s))								
- Claim(s) - Abstract of the Disclosure		10. 37 CFR 3.73(b) Statement Power of							
4. X Drawing(s) (35 U.S.C. 113) [Total Sheets 2	5 ]	11. (when there is an assignee) Attorney  11. English Translation Document (if applicable)							
5. Oath or Declaration [Total Sheets		12. Information Disclosure Copies of IDS							
a. Newly executed (original or copy)		Statement (IDS)/PTO-1449							
b. Copy from a prior application (37 CFR 1.63(d))	14. X Return Receipt Postcard (MPEP 503)								
(for continuation/divisional with Box 18 completed)	(Should be specifically itemized)  Certified Copy of Priority Document(s)								
i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s)		(if foreign priority is claimed)							
named in the prior application,		16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.							
see 37 CFR 1.63(d)(2) and 1.33(b).		17. Other:							
6. X Application Data Sheet. See 37 CFR 1.76 (4 pages)									
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the									
specification following the title, or in an Application Data Sheet of									
Continuation Divisional X Continuation	-in-part (0	(CIP) of prior application No.: 10/409,868							
Prior application information: Examiner Not Yet	t Assig	ned Art Unit: 1614							
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied									
under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.									
19. COR	RESPO	ONDENCE ADDRESS							
X Customer Number: 25225		OR Correspondence address below							
Name									
Address									
City Stat	te	Zip Code							
Country Tele	ephone	Fax							
Name (Print/Type) Kate H. Murashige		Registration No. (Attorney/Agent) 29,959							
Signature Cate H. Wun		Date April 9, 2004							
- was									
I hereby certify that this correspondence is being deposite	ed with th	the U.S. Postal Service as Express Mail, Airbill No. EV 273019595 US,							
in an envelope addressed to: MS Patent Application, Cor date shown below.	mmissior	oner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the							

Dated: April 9, 2004

PTO/SB/17 (10-03)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CEE TOANGMITTAL	Į	Complete if Known								
FEE TRANSMITTAL	Application Number					Not Yet Assigned				
for FY 2004	Filing Date			Concurrently Herewith						
Effective 10/01/2003, Patent fees are subject to annual revision.	First Named Inventor				ntor	Terrance P. SNUTCH				
Stocker (work2000, Fateril lees are subject to almodiferision.	[	Examiner Name				Not Yet Assigned				
X Applicant claims small entity status. See 37 CFR 1.27	Art Unit				1614					
TOTAL AMOUNT OF PAYMENT. (\$) 385.00	Attorney Docket No.				D	381092000624				
METHOD OF PAYMENT (check all that apply)				FEE	CALCU	LATION (co	ntinued)			
Check Credit Money Other None None	3. ADDITIONAL FEES									
X Deposit Account:		F-474	0	C-05						
Deposit Account 03-1952 Number	Fee Code	Fee (\$)	Fee Code	Fee (\$)	-	Fee Description Fee				
Deposit Account Morrison & Foerster LLP	1051	130	2051	65	Surcharge	- late filing fe	e or oath			
Name	1052	50	2052	25	Surcharge	arge - late provisional filing fee or cover				
The Director is authorized to: (check all that apply)	ŀ				sheet.					
X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	_	sh specificatio				
X Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812	2,520	-		parte reexamination			
Charge fee(s) indicated below, except for the filing fee	1804	920*	1804	920*	Examiner	g publication of action				
to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting Examiner	g publication o				
FEE CALCULATION	1251	110	2251	55	Extension	for reply within	n first month			
1. BASIC FILING FEE	1252	420	2252	210		, •	second month			
Large Entity Small Entity  Fee Fee   Fee Fee Fee Description Fee Paid	1253	950	2253	475		for reply within		$\vdash$		
Code (\$) Code (\$)	1254	1,480	2254				n fourth month			
1001 770 2001 385 Utility filing fee 385.00 1002 340 2002 170 Design filing fee	1255 1401	2,010 330	2255 2401		Notice of A	for reply withir coneal	1 IIIM MONTA			
1003 530 2003 265 Plant filing fee	1402	330	2402		Filing a brid	$\vdash \vdash \vdash$				
1004 770 2004 385 Reissue filing fee	1403	290 .	2403		-	r oral hearing				
1005 160 2005 80 Provisional filing fee	1451	1,510	1451		Petition to	institute a pub	lic use proceeding			
SUBTOTAL (1) (\$) 385.00	1452	110	2452	55		ion to revive – unavoidable				
	1453 1501	1,330	2453 2501	665		revive - uninte				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE  Extra Fee from	1501	1,330 480	2501	665 240	Design issue	e fee (or reiss: ue fee	u <del>u</del> )			
Claims below Fee Paid Total Claims 18 -20** = X = 0.00	1503	640	2502		Plant issue					
Independent 1 3.1.	1460	130	1460	130		the Commis	sioner			
Claims Substituting Claims	1807	50	1807	50		g fee under 37				
Large Entity   Small Entity	1806	180	1806	180	7		on Disclosure Stmt			
Fee Fee Fee Fee Fee Description	8021	40	8021	40			ssignment per			
1202 18 2202 9 Claims in excess of 20						mes number o bmission after				
1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	385	(37 CFR 1.129(a))					
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810 385 For each additional invention to be examined (37CFR 1.129(b))							
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801	385			xamination (RCE)			
1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900		or expedited ex n application	xamination			
and over original patent	Other	Other fee (specify)								
SUBTOTAL (2) (\$) 0.00  **or number previously paid, if greater; For Reissues, see above	*Redu	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00								
SUBMITTED BY (Complete (if applicable))										
Name (Print/Type) Kate H. Murashige	Registration No. 29,959						elephone (858) 720-5112			
(Micone)ringani)							April 9, 2004			
Date   Phill 5, 2004										